

DUPLICATE/REPLACEMENT PHOTO ID APPLICATION Form Code: PSS_MP2 Fee: \$15, Non-Refundable (Checks payable to: Treasurer, Commonwealth of Virginia)	<i>For Agency Use Only:</i> FEE CODE: RA/RR – 422; UA/UR - 421 Batch # / Date:
COMMONWEALTH OF VIRGINIA , <i>Department of Criminal Justice Services</i> Private Security Services Section, P.O. Box 10110, Richmond, VA 23240-9998 Phone #: (804) 786-4700; Fax #: (804) 786-6344; Website: www.dcss.state.va.us/privatesecurity	

The following must accompany this application: Please Note:

1. Non-refundable fee of \$15
- Incomplete applications will be returned

Applicant Name:

Last

First

Middle

Social Security #:
(required)

DMV Alternate ID#:

Date of Birth:

Mailing Address:

Number and Street

City/Town

State

-
Zip

Physical Address:
(If different)

Number and Street

City/Town

State

-
Zip

Telephone: Residence:

Business:

Fax:

Personal E-mail Address:

- **If possible, may the department provide information via your e-mail address?** Yes No

VA Licensed Private Security Business:
(If currently employed by a licensee)

Business ID#: 11-

- Have you ever been convicted of a felony or a misdemeanor in Virginia or any other jurisdiction that has not already been reported to the department? **Yes** **No**
(If yes, on a separate piece of paper, please give full details, including charge, date, law enforcement agency involved and dispositions.)

Duplicate/Replacement Identification Requested (Check One):

Registration

Certification

The undersigned states that he/she is the person who executed this application, that the statements herein contained are true, that he/she has not suppressed any information that might affect this application, and that he/she understands that any misrepresentation or falsification of this application may be cause for denial.

Applicant's Signature

Date